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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/20/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening 5x2, (10 sessions) 97545, 97546

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management
Board Certified in Electrodiagnostic Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 6/2/09, 6/17/09
Rehabilitation, 5/28/09, 6/11/09
Industrial Rehab Comprehensive Care plan
4/16/09
Medical Centers, 3/19/09, 5/11/09
Mental Health Evaluation, 5/13/09
Evaluation Centers, 4/27/09
DPM, 5/21/09
Radiology, 3/31/09

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured on xx/xx/xx when he developed a toe infection after an abrasion of his large toe in his work shoe. He had cellulitis and this was treated. A subsequent bone scan showed findings that represented local trauma or possible osteomyelitis. The MRI did not show evidence of any infection. He was capable of walking more than an hour. He had a DD exam by Dr. on 4/17/09. Dr. felt that there were no impairments and no infections. He wrote "There are minimal if any residual symptoms at this point in time....He should return to his full time job without restrictions." His report described a normal electrodiagnostic study. The patient saw Dr. in May 2009. He was described as having anxiety, ongoing pain, and fear

avoidance. Dr. commented upon the osteomyelitis seen on the Bone scan and the interdigital neuritis found on the EMG. Dr. commented upon the weight gain he sustained with inactivity. He had an FCE (4/16/09) that showed he was capable of lifting 25 pounds from the floor and 30 from the waist. He met the requirements of a light PDL, but reportedly his job required a Heavy PDL of function. Work Hardening was advised.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The records from Dr. describe a more severe problem than that found by Dr. There are inconsistencies of the diagnosis of osteomyelitis, interdigital neuritis and the extent of his pain. It is unclear from the records if the patient has already had an adequate trial of physical or occupational therapy with improvement followed by plateau. In addition, the ODG criteria requires a defined return to work goal agreed to by the employer & employee, and a documented specific job to return to. This information was not available in the records provided. The request does not meet ODG criteria for admission to a work hardening program. The reviewer finds that medical necessity does not exist for Work Hardening 5x2, (10 sessions) 97545, 97546.

Work conditioning, work hardening

Recommended as an option, depending on the availability of quality programs. See especially the Low Back Chapter or the Knee Chapter, for more information and references

Criteria for admission to a Work Hardening Program

(1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA)

(2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning

(3) Not a candidate where surgery or other treatments would clearly be warranted to improve function

(4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week

(5) A defined return to work goal agreed to by the employer & employee

(a) A documented specific job to return to with job demands that exceed abilities,

(b) Documented on-the-job training

(6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program

(7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit

(8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less

(9) Treatment is not supported for longer than 1-2 weeks without evidence of patient

compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities

(10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury

ODG Physical Therapy Guidelines – Work Conditioning

9 visits over 8 weeks

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)